

<p>GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406):</p> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	
<p>PETITIONER/PLAINTIFF: _____</p> <p>RESPONDENT/DEFENDANT: _____</p> <p>OTHER PARENT: _____</p>	
<p>REQUEST FOR DISMISSAL</p>	
<p>CASE NUMBER: _____</p>	

1. TO THE CLERK: Please **dismiss** the following:

- | | |
|--|--|
| a. (1) <input type="checkbox"/> With prejudice | (2) <input type="checkbox"/> Without prejudice |
| b. (1) <input type="checkbox"/> Complaint | filed on (date): _____ |
| (2) <input type="checkbox"/> _____ Supplemental complaint | filed on (date): _____ |
| (3) <input type="checkbox"/> _____ Amended complaint | filed on (date): _____ |
| (4) <input type="checkbox"/> _____ Amended supplemental complaint | filed on (date): _____ |
| (5) <input type="checkbox"/> Uniform Interstate Family Support Act (UIFSA) petition | filed on (date): _____ |
| (6) <input type="checkbox"/> Entire action of all parties and all related causes of action | filed on (date): _____ |
| (7) <input type="checkbox"/> Other (specify): _____ | filed on (date): _____ |

Date: _____

(TYPE OR PRINT NAME OF GOVERNMENTAL ATTORNEY)



(SIGNATURE)

2. TO THE CLERK: Consent to the above dismissal is hereby given.*

Date: _____

(TYPE OR PRINT NAME OF ☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY)



(SIGNATURE)

Attorney for or respondent/defendant without attorney

* If a responsive pleading seeking affirmative relief is on file, the attorney for respondent must sign the consent if required by Code of Civil Procedure section 581(i) or (j).

(To be completed by clerk)

3. ☐ Dismissal entered as requested on (date): _____
4. ☐ Dismissal entered on (date): _____ as to only (name each): _____
5. ☐ Dismissal **not entered** as requested for the following reasons (specify): _____
6. ☐ a. Attorney or party without attorney notified on (date): _____
- b. Attorney or party without attorney not notified. Filing failed to provide
- ☐ a copy to conform ☐ means to return conformed copy

Date: _____ Clerk, by _____, Deputy